

Fill in this information to identify the case:

Debtor 1 Nehme G. Chakhtoura  
 First Name Middle Name Last Name

Debtor 2 Candice S. Chakhtoura  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE District of FLORIDA (Jacksonville)  
 (State)

Case number: **3:14-bk-02668-JAF**

FILED  
 JACKSONVILLE, FLORIDA

JUN - 9 2022

CLERK, U.S. BANKRUPTCY COURT  
 MIDDLE DISTRICT OF FLORIDA

**Form 1340 (12/19)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$1,106.34
Claimant's Name:	Nationstar Mortgage LLC dba Mr. Cooper as the servicing agent for Federal National Mortgage Association
Claimant's Current Mailing Address, Telephone Number, and Email Address:	<b>2780 Lake Vista Drive Lewisville, TX 75067- Francine.miller@mrcooper.com- 972 894-0319</b>

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same. <sup>3</sup>  
 The Owner of Record is the original payee.

**4. Notice to United States Attorney**

X Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
MIDDLE District of FLORIDA  
 Attention: Civil Procedures Clerk, 400 N. Tampa St., Suite 3200, Tampa, FL 33602

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: June 8, 2022

Francine Miller  
 Signature of Applicant

Francine Miller \_\_\_\_\_ Printed  
 Name of Applicant

Address:

**C/O Nationstar Mortgage LLC dba Mr. Cooper**  
**2780 Lake Vista Drive**  
**Lewisville, TX 7506**

Telephone: **972 894-0319**

Email:

Francine.miller@mrcooper.com

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable) \_\_\_\_\_

Printed Name of Co-Applicant (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**STATE Texas

OF

COUNTY OF Denton

This Application for Unclaimed Funds, dated 6/8/22 was subscribed and sworn to before me this \_\_\_\_\_

8<sup>th</sup> day of June, 2022 by Francine Miller

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public Holly Webb

HOLLY WEBB

Notary Public, State of Texas

Comm. Expires 05-21-2023

Notary ID 130235645

**6. Notarization**

STATE \_\_\_\_\_

OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before \_\_\_\_\_

me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

Form 1340

Application for Payment of Unclaimed Funds

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